

USE NO.
03/19/91

KANSAS MEDICAL

MENT 1 INFORMATION SYSTEM
PROVIDER PARTICIPATION
IN OR PRACTICE

COUNTY CODE NUMBER	MEDICAID ACTIVE ENROLLED PROVIDERS	DEPT. OF H&E LICENSED PROVIDERS	PERCENT T EN PROVIDERS ENR ED	F ID RS ED
47	2	1	200.	
48	6	5	120.0	
49	3	2	150.00	
50	11	10	110.00	
51	2	1	200.00	
52	12	17	70.59	
53	1	2	50.00	
54	7	2	350.00	
55	2	1	200.00	
56	12	13	92.31	
57	6	5	120.00	
58	8	7	114.29	
59	16	16	100.00	
60	3	3	100.00	
61	14	12	116.67	
62	4	3	133.33	
63	19	17	111.76	
64	6	4	150.00	
65	2	1	200.00	
66	7	6	116.67	
67	11	9	122.22	
68	4	4	100.00	
69	5	3	166.67	
70	3	5	60.00	
71	5	3	166.67	
72	6	3	200.00	
73	9	11	81.82	
74	5	3	166.67	
75	14	9	155.56	
76	4	4	100.00	
77	4	2	200.00	
78	30	15	200.00	
79	3	4	75.00	
80	3	5	60.00	
81	23	19	121.05	
82	4	3	133.33	
83	2	1	200.00	
84	3	3	100.00	
85	20	22	90.91	
86	3	2	150.00	
87	193	222	86.94	
88	7	5	140.00	
89	61	55	110.91	
90	2	3	66.67	
91	5	3	166.67	
92	3	2	150.00	

State Plan TN# 91-15

Supersedes TN# _____

Effective Date 5/15/91

Approval Date 11/1 19 1991

03/19/91

KANSAS MEDICAID MANAGEMENT
PROVIDER
IN OB

ATION SYSTEM
ICIPATION
ETICE

COUNTY CODE NUMBER	MEDICAID ACTIVE ENROLLED PROVIDERS	DEPT. OF H&E LICENSED PROVIDERS	PERCENT OF LICENSED PROVIDERS ENROLLED
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93	3	3	100.00
94	3	2	150.00
95	1	1	100.00
96	13	9	144.44
97	4	4	100.00
98	5	4	125.00
99	1	1	100.00
100	1	1	100.00
101	3	3	100.00
102	1	1	100.00
103	5	6	83.33
104	3	3	100.00
105	93	83	112.05

*** Total ***

1159

1093

State Plan TN# 91-15Effective Date 5/15/91

Supersedes TN# _____

Approval Date JUL 19 1991



STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

May 31, 1991

Mr. Richard Brummel
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

Kansas assures that rates which were effective May 15, 1991, for pediatric practitioners services will insure that pediatric services will be available to Medicaid recipients at least to the extent that such services are available to the general population in the same geographic area. The attached list of maximum rates is based upon the 75th percentile of calendar year usual and customary charges and maximum rates paid by Blue Shield of Kansas. The 75th percentile of calendar year 1990 usual and customary charges is not yet available. Kansas is not able to supply the rate data for the immunization codes because vaccines are purchased through a Kansas Department of Health and Environment contract with the United State Center for Disease Control.

The results of a comparison of licensed and enrolled pediatric providers by county are attached. Pediatricians, family and general practice are the specialties included. The enrollment information by county is based upon an enrollment address within the county. In some instances a physician may be providing services in more than one county and will be shown in each county of practice. This results in the data showing more enrolled than licensed physicians in some counties. This substantiates that access is available in these counties. In addition, the licensing board has more choices for specialties than Medicaid so the matching of specialties is not exact. The end result again is that there may be more Medicaid-enrolled physicians enrolled than licensed. We will continue to refine the report.

There are very few nurse practitioners in independent practice and providing pediatric services in Kansas. Two are enrolled in Medicaid, one in Sedgwick county and one in Grant county.

State Plan TN# 91-16 Effective Date 05/15/91
Replaces TN# _____ Approval Date 07/19/91

Refers to MS-91-16.

Mr. Richard Brummel
May 31, 1991
Page Two

We believe that the above-referenced documentation shows that the reimbursement rates for physicians providing pediatric care assures access.

The data is submitted on a computer diskette in a Lotus 123 file.

Sincerely,



Robert C. Harder
Acting Secretary

RCH:JWA:brj
Attachments

Refers to MS-91-16.

State Plan TN# 91-16 Effective Date 05/15/91
Supersedes TN# _____ Approval Date 07/19/91

MA MEDICAID MANAGEMENT INFORMATION SYSTEM
 PROVIDER PARTICIPATION
 IN PEDIATRICS

COUNTY CODE NUMBER	MEDICAID ACTIVE ENROLLED PROVIDERS	DEPT. C LIC. SED PROVI. RS	HAE PERCENT OF LICENSED PROVIDERS ENROLLED
1	9	8	112.50
2	6	6	83.33
3	9	9	100.00
4	4	4	100.00
5	12	13	92.31
6	7	7	100.00
7	17	13	130.77
8	3	1	300.00*
9	3	1	300.00*
10	11	8	137.50
11	2	2	100.00
12	3	3	100.00
13	6	6	100.00
14	6	6	100.00
15	1	1	100.00
16	2	2	100.00
17	21	21	100.00
18	11	11	100.00
19	3	3	100.00
20	3	3	100.00
21	25	25	100.00
22	2	2	100.00
23	0	0	100.00
24	8	8	100.00
25	3	3	100.00
26	13	13	100.00
27	10	10	100.00
28	7	7	100.00
29	3	3	100.00
30	2	2	100.00
31	2	2	100.00
32	4	4	100.00
33	2	2	100.00
34	1	1	100.00
35	1	1	100.00
36	1	1	100.00
37	1	1	100.00
38	1	1	100.00
39	1	1	100.00
40	1	1	100.00
41	1	1	100.00
42	1	1	100.00
43	1	1	100.00
44	1	1	100.00
45	1	1	100.00
46	1	1	100.00
47	1	1	100.00
48	1	1	100.00
49	1	1	100.00
50	1	1	100.00
51	1	1	100.00
52	1	1	100.00
53	1	1	100.00
54	1	1	100.00
55	1	1	100.00
56	1	1	100.00
57	1	1	100.00
58	1	1	100.00
59	1	1	100.00
60	1	1	100.00
61	1	1	100.00
62	1	1	100.00
63	1	1	100.00
64	1	1	100.00
65	1	1	100.00
66	1	1	100.00
67	1	1	100.00
68	1	1	100.00
69	1	1	100.00
70	1	1	100.00
71	1	1	100.00
72	1	1	100.00
73	1	1	100.00
74	1	1	100.00
75	1	1	100.00
76	1	1	100.00
77	1	1	100.00
78	1	1	100.00
79	1	1	100.00
80	1	1	100.00
81	1	1	100.00
82	1	1	100.00
83	1	1	100.00
84	1	1	100.00
85	1	1	100.00
86	1	1	100.00
87	1	1	100.00
88	1	1	100.00
89	1	1	100.00
90	1	1	100.00
91	1	1	100.00
92	1	1	100.00
93	1	1	100.00
94	1	1	100.00
95	1	1	100.00
96	1	1	100.00
97	1	1	100.00
98	1	1	100.00
99	1	1	100.00
100	1	1	100.00
101	1	1	100.00
102	1	1	100.00
103	1	1	100.00
104	1	1	100.00
105	1	1	100.00
106	1	1	100.00
107	1	1	100.00
108	1	1	100.00
109	1	1	100.00
110	1	1	100.00
111	1	1	100.00
112	1	1	100.00
113	1	1	100.00
114	1	1	100.00
115	1	1	100.00
116	1	1	100.00
117	1	1	100.00
118	1	1	100.00
119	1	1	100.00
120	1	1	100.00
121	1	1	100.00
122	1	1	100.00
123	1	1	100.00
124	1	1	100.00
125	1	1	100.00
126	1	1	100.00
127	1	1	100.00
128	1	1	100.00
129	1	1	100.00
130	1	1	100.00
131	1	1	100.00
132	1	1	100.00
133	1	1	100.00
134	1	1	100.00
135	1	1	100.00
136	1	1	100.00
137	1	1	100.00
138	1	1	100.00
139	1	1	100.00
140	1	1	100.00
141	1	1	100.00
142	1	1	100.00
143	1	1	100.00
144	1	1	100.00
145	1	1	100.00
146	1	1	100.00
147	1	1	100.00
148	1	1	100.00
149	1	1	100.00
150	1	1	100.00
151	1	1	100.00
152	1	1	100.00
153	1	1	100.00
154	1	1	100.00
155	1	1	100.00
156	1	1	100.00
157	1	1	100.00
158	1	1	100.00
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160	1	1	100.00
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162	1	1	100.00
163	1	1	100.00
164	1	1	100.00
165	1	1	100.00
166	1	1	100.00
167	1	1	100.00
168	1	1	100.00
169	1	1	100.00
170	1	1	100.00
171	1	1	100.00
172	1	1	100.00
173	1	1	100.00
174	1	1	100.00
175	1	1	100.00
176	1	1	100.00
177	1	1	100.00
178	1	1	100.00
179	1	1	100.00
180	1	1	100.00
181	1	1	100.00
182	1	1	100.00
183	1	1	100.00
184	1	1	100.00
185	1	1	100.00
186	1	1	100.00
187	1	1	100.00
188	1	1	100.00
189	1	1	100.00
190	1	1	100.00
191	1	1	100.00
192	1	1	100.00
193	1	1	100.00
194	1	1	100.00
195	1	1	100.00
196	1	1	100.00
197	1	1	100.00
198	1	1	100.00
199	1	1	100.00
200	1	1	100.00

State Plan TN# 91-16 Effective Date 5/15/91
 Supersedes TN# 7/19/91 Approval Date 7/19/91

*In County 9 (Chase County), the population is 3,433. The closest towns are El Dorado in Butler County (130% participation), Emporia in Lyon County (92% participation) and Council Grove in Morris County (150% participation).

In County 35 (Grant County), the population is 5,165. The closest towns are Dodge City in Ford County (190% participation), Garden City in Finney County (115% participation), Sublette in Haskell County (200% participation) and Meade in Meade County (100% participation).

KANSAS MEDICAID MANAGEM.
PROVIDER

INFORMATION SYSTEM
PARTICIPATION
PEDIATRICS

COUNTY CODE NUMBER	MEDICAID ACTIVE ENROLLED PROVIDERS	DEPT. OF H&E LICENSED PROVIDERS	PERCENT OF LICENSE PROVIDER ENROLLED
47	2	1	200.00
48	6	5	120.00
49	3	2	150.00
50	12	11	109.09
51	2	1	200.00
52	13	18	72.22
53	1	2	50.00
54	7	2	350.00
55	2	1	200.00
56	12	13	92.31
57	6	5	120.00
58	3	7	114.29
59	11	15	93.33
60	3	3	100.00
61	11	12	110.67
62	1	2	133.33
63	19	17	111.76
64	6	4	150.00
65	1	0	100.00
66	7	6	116.67
67	11	9	122.22
68	1	1	100.00
69	5	3	166.67
70	3	5	60.00
71	5	3	166.67
72	2	3	200.00
73	9	11	81.82
74	6	3	200.00
75	12	9	114.11
76	1	1	100.00
77	1	2	200.00
78	29	19	152.63
79	3	4	75.00
80	2	5	60.00
81	24	19	126.32
82	4	3	133.33
83	1	1	100.00
84	3	3	100.00
85	12	21	90.48
86	3	2	150.00
87	211	223	94.62
88	7	6	116.67
89	64	51	125.49
90	2	3	66.67
91	5	3	166.67
92	3	2	150.00

State Plan TN# 91-14

Effective Date 5/15/91

Supersedes TN# _____

Approval Date 7/19/91

KANSAS MEDICAID MANAGEMENT
PROVIDER PAI
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SYSTEM

COUNTY CODE NUMBER	MEDICAID ACTIVE ENROLLED PROVIDERS	DEPT. OF HSE LICENSED PROVIDERS	PERCENT OF LICENSED PROVIDERS ENROLLED
00	3	3	100.00
01	2	2	150.00
02	1	1	100.00
03	13	9	114.44
04	1	1	100.00
05	1	1	125.00
06	1	1	100.00
07	1	1	100.00
08	1	1	100.00
09	1	1	100.00
10	1	1	100.00
11	1	1	100.00
12	1	1	100.00
13	1	1	100.00
14	1	1	100.00
15	1	1	100.00
16	1	1	100.00
17	1	1	100.00
18	1	1	100.00
19	1	1	100.00
20	1	1	100.00
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22	1	1	100.00
23	1	1	100.00
24	1	1	100.00
25	1	1	100.00
26	1	1	100.00
27	1	1	100.00
28	1	1	100.00
29	1	1	100.00
30	1	1	100.00
31	1	1	100.00
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36	1	1	100.00
37	1	1	100.00
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168	1	1	100.00
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189	1	1	100.00
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211	1	1	100.00
212	1	1	100.00
213	1	1	100.00
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226	1	1	100.00
227	1	1	100.00
228	1	1	100.00
229	1	1	100.00
230	1	1	100.00
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232	1	1	100.00
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248	1	1	100.00
249	1	1	100.00
250	1	1	100.00
251	1	1	100.00
252	1	1	100.00
253	1	1	100.00
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258	1	1	100.00
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263	1	1	100.00
264	1	1	100.00
265	1	1	100.00
266	1	1	100.00
267	1	1	100.00
268	1	1	100.00
269	1	1	100.00
270	1	1	100.00
271	1	1	100.00
272	1	1	100.00
273	1	1	100.00
274	1	1	100.00
275	1	1	100.00
276	1	1	100.00
277	1	1	100.00
278	1	1	100.00
279	1	1	100.00
280	1	1	100.00
281	1	1	100.00
282	1	1	100.00
283	1	1	100.00
284	1	1	100.00
285	1	1	100.00
286	1	1	100.00
287	1	1	100.00
288	1	1	100.00
289	1	1	100.00
290	1	1	100.00
291	1	1	100.00



STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

March 26, 1991

Mr. Richard Brummel
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

Kansas assures that rates which will be effective July 1, 1991, for obstetrical practitioners services will insure that obstetric services will be available to Medicaid recipients at least to the extent that such services are available to the general population in the same geographic area. The attached listing of maximum rates is based upon the 75th percentile of calendar year 1989 usual and customary charges and maximum rates paid by Blue Shield of Kansas. The 75th percentile of calendar year 1990 usual and customary charges is not yet available.

The results of a comparison of licensed and enrolled obstetrical and family and general practice physicians by county are attached. The licensure information by county is based upon the address of the licensee. The enrollment information by county is based upon an enrollment address within the county. In some instances a physician may be providing services in more than one county and will be shown in each county of practice. This results in this data showing more enrolled than licensed physicians in some counties. This further substantiates that access is available in these counties. In addition, the licensing board has more choices for specialties than Medicaid so the matching of specialties is not exact. The end result again is that there may be more Medicaid-enrolled physicians than licensed. We will continue to refine the report.

There are no nurse midwives enrolled as independent practitioners in Kansas. There are few nurse midwives practicing in Kansas and those that are practicing do so in conjunction with a physician practice.

Refers to MS-91-13. Approval Date 9/13/91 Effective Date 11/1/91

Mr. Richard Brummel
March 26, 1991
Page 2

We believe that the above-referenced documentation shows that the reimbursement rates for physicians providing obstetrical care assures access.

The rate data is submitted on a computer diskette in Lotus 123 file.

Sincerely,


Robert C. Harder
Acting Secretary

RCH:JWA:brj
Attachments

Refers to MS-91-13. Approval Date 4/24/91 Effective Date 1/1/91



KANSAS MEDICAID
REGION VII

91 APR 22 AM 8:26

STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

April 19, 1991

Mr. Richard Brummel
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

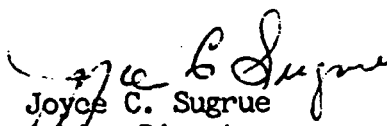
As a result of conversation between our mutual staffs, Kansas is submitting additional information and replacement pages for Kansas Medicaid State Plan amendments MS-90-37 and MS-90-38. Furthermore, Kansas is submitting additional information for amendments MS-91-12 and MS-91-13.

In regard to counties 9 (Chase County) and 35 (Grant County), Kansas' rural nature affects the accompanying statistics. These two counties do not have enrolled providers but all residents residing there travel to receive covered services to towns in neighboring counties which do have enrolled providers. Please refer to the footnoted text regarding access for these two counties.

We are requesting that the obstetrical survey material included in the previous transmittals be deleted.

Questions may be directed to Sally Adams at (913) 296-3981.

Sincerely,


Joyce C. Sugrue
Acting Director
Division of Medical Services

JCS:SA:brj
Enclosures

State Plan TN# 91-13 Effective Date 11/1/91
Supersedes TN# Approval Date 4/24/91